

Interagency Coordinating Council (ICC) Committee Minutes

March 9, 2006 via Videoconference

Members/Designees Present

Cindy Holmes Joseph Hersh Ginger Paul
 Chris Ashman, Department of Defense Representative
 Jan Williams, designee for Commission for Children with Special Health Care Needs
 Gene Coverston, designee for Office of Insurance
 Sarah Wilding, designee for Department for Public Health
 Annette Bridges, designee for Department of Education
 Shirley Wilson, designee for Cabinet for Community Based Services
 Amy DiLorenzo, designee for Mental Health/Mental Retardation Services

Staff Present

Sarah Walker Meredith Brown Joyce Robl Robert Day Penny Williamson
 Jackie Sampers Pam Rockwell Eileen Cameron Kathy Miller Rebecca Steely

Guests Present

Sandy Milburn Vicki Stayton Paula Goff Scott Tomchek Angie Guest Bonnie Thorson-Young
 June Fortner Tonya Shea Becky Skrine

SUBJECT	DISCUSSION	ACTION
Welcome	Sarah Wilding, Chair, called the meeting to order.	None needed.
Approval of/ Additions to the Agenda (Attachment A)	Sarah Wilding announced the Agenda would be followed as closely as possible, however, it was noted audio/video problems were occurring with the Louisville site.	None needed.
Approval Of Minutes	January Minutes and attachments were sent via e-mail wherein members reviewed before the meeting.	A motion was made by Shirley Wilson and seconded by Gene Coverston to approve January Minutes. The motion carried.

SUBJECT	DISCUSSION	ACTION
<p>Old Business: Overview of Structure and Purpose (Attachment B)</p>	<p>Sarah Wilding presented an informative PowerPoint presentation explaining the Overview, Structure, and Purpose of the ICC. Ms. Wilding notated the By-Laws are not available in electronic form. The current By-Laws list the following committees: Finance, Public Awareness/ Advocacy, Evaluation, Communication, Family Support, and Operations. The Finance and Evaluation Committees are currently active. Other committees formed that are not in the By-Laws are: Personnel (CSPD) and Natural Environments. The main charge of the Family Support Committee is to ensure family representation in each committee and the membership is to be comprised of ICC parent members and other parents per Vicki Stayton. Co-chairs of the Operations Committee are Joseph Hersch and Cindy Holmes. Co-chairs of the Communication Committee are Earl Trevor and Vicki Wright. Jackie Sampers indicated the Public Awareness and Communication Committees were combined sometime in the last year or so. Scott Tomchek accepted the chair position of the Evaluation Committee due to the resignation of Jackie Sampers as she is now staff and unable serve in that capacity. Liz Schumacher is vice-chair of the Evaluation Committee. All chairs and vice chairs of Committees are members of the ICC Executive Committee.</p>	<p>If anyone has an electronic form of the current By-Laws, please forward to Sarah Wilding and Sarah Walker.</p>

SUBJECT	DISCUSSION	ACTION
Centralized System of Personnel Development (CSPD) Committee Report (Attachment C)	Vicki Stayton, Chair for the CSPD Committee reported. A CSPD plan is required under Individuals with Disabilities Education Improvement Act of 2004. In the Fall of 2003, the ICC formed a committee for CSPD. Vicki Stayton agreed to Chair the committee. The committee spent the remainder of 2003 organizing and began meeting monthly in January 2004 and reported regularly to the ICC. In January 2005, a CSPD plan was presented to the ICC with directions for the ICC members to review and be prepared to take action at the March 2005 meeting. Limited edits were made and presented again at the March meeting for action to be taken by the ICC. The CSPD Committee has not met since April 2005. Vicki Stayton explained the plan was developed from very specific federal guidelines. The CSPD Committee addressed all necessary components and stated the plan was broad and specifics need to be worked out to meet the needs of the state.	General consensus of the members considered the CSPD plan presented at the March 2005 meeting as approved by the ICC and the intent was for the plan to be submitted to the Part C Coordinator to review. The administration will move forward with the CSPD plan proposed by the ICC with Vicki Stayton as point of contact for the CSPD Committee. Sarah Wilding asked if anyone opposed this idea. With no objections, it was suggested that comments regarding the CSPD plan be emailed to Vicki Stayton at Vicki.stayton@wku.edu .
Technical Assistance Team Report (Attachment D)	Robert Day, Penny Williamson, and Rebecca Steely, Eastern Kentucky University Team presented the report. The report included a request for the ICC to consider forming a committee to address provider recruitment due to the critical shortage of providers in the southeast and other areas of the state. Penny Williamson gave the report for the Cumberland Valley District Early Intervention Committee since the co-chair could not attend.	The ICC Executive Committee will discuss the need for a Provider Recruitment Committee at the April Executive meeting.

SUBJECT	DISCUSSION	ACTION
Part C Report (Attachment E)	Meredith Brown presented the report. Ms. Brown asked for a volunteer to represent the ICC at the Stakeholders meeting set for May 2 - 3, 2006. Bonnie Thorson-Young asked Ms. Brown to elaborate on the budget for First Steps.	Cindy Holmes volunteered to represent the ICC at the Stakeholders meeting. Ms. Brown will detail the financial standing of First Steps and report back to the ICC.
Record Review Report (Attachment F)	Scott Tomchek reviewed the Record Review Report.	None needed.
Finance Committee	Bonnie Thorson-Young reported for the Finance Committee. She stated the objective was to provide recommendations to the Part C Coordinator and Central Office staff on ways to improve financial management. The committee meets at the direction of the Part C Coordinator. The committee has not met for a year. At that time, Ms. Young met with Steve Davis and Germaine O'Connell regarding insurance issues with First Steps. She was advised not to go forward with this charge. Ms. Young indicated she was not a member of the ICC, but was appointed as Chair of the Finance Committee by the Part C Coordinator. The membership consists of Gene Converston, designee for Office of Insurance, Brenda Curry-White and Bruce Gale of the Centralized Billing and Information System, Alicia Dailey, Technical Assistant, Sandy Milburn and Becky Skrine, providers. Leisa Hutchison, a former ICC member and a First Steps provider was also a member of the committee before her resignation. Lisa Lee, former Central Office financial staff participated in the meetings in the past.	None needed.

SUBJECT	DISCUSSION	ACTION
Natural Environments Committee	Chris Ashman, Chair of the Natural Environments Committee reported the last meeting held was July 14, 2005. The mission of the committee is to promote Natural Environments with First Steps. This committee was formed during the change in the program to the consultative model. Much work has been done with meetings over the last year and a half. The committee was informed it was impossible to implement the recommendations due to short staff of Central Office. There is no plan to call the committee back together at this time, but will reconvene when instructed. Members include Vicki Wright, Ginger Paul, Annette Bridges, and Shirley Wilson. Leisa Hutchison also served on this committee before her resignation.	Chris Ashman will forward minutes from committees meetings to Sarah Wilding.
Public Comment (Attachment G)	Angie Guest of the KIPDA District Early Intervention Committee expressed public comment. Also, Sandy Milburn and Becky Skrine expressed public comment.	ICC will prepare a response.
Summary of Tasks, Timelines and Recommendations	Sarah Wilding wrapped up the meeting with the following: The ICC reaffirmed the ICC approval of the CSPD five year plan presented in March 2005. The By-Laws need to be reviewed and revised. Ms. Wilding reported she met with a contact from Boards and Councils and requested guidance on getting appointments made for the ICC. He stated there will be an opportunity in the near future.	Vicki Stayton will send CSPD Plan to the Part C Coordinator. The Executive Committee will address the issue of new appointments at the April meeting.
Announcements	The April Executive Committee has been rescheduled to April 27, 2006 at 1:30 pm Eastern time via videoconference. The next ICC videoconference meeting is scheduled for May 11, 2006 at 10:00 am Eastern time.	None needed.

**Kentucky Early Intervention System
Interagency Coordinating Council
March 9, 2006
Videoconference Meeting Agenda**

Sites:

- Department for Public Health, 3rd Floor Distance Learning Center - Frankfort
- Barren River Health Department – Bowling Green
- North Key Community Care – Ft. Wright
- UK Dickey Hall – Lexington
- Seven Counties Services, Taylorsville Rd. – Louisville
- Four Rivers Behavioral Health – Paducah
- Union College - Barbourville

- 10:00 Welcome, Introductions, Review and Approval of Minutes
- 10:05 Old Business:
Overview of Structure and Purpose
Sarah J. Wilding
- 10:15 Standing Committee Reports:
Purpose, Membership, Top Issues for 2006 (5 minutes each)
Finance – Bonnie Thorson-Young
Public Awareness/Advocacy -
Evaluation – Jackie Sampers
Others - Communication, Family Support, Operations
Q & A/Discussion
- 10:35 Special Committee Reports:
Comprehensive System of Personnel Development (CSPD)
Vicki Stayton
- 11:00 Featured Technical Assistance Team: Eastern KY University
Program Consultant: Robert Day
Parent Consultant: Rebecca Steely
Program Evaluator: Penny Williamson
Cumberland Valley DEIC: Tammy Allen, Co-Chair
- 11:30 Part C Report
Meredith Brown
- 11:45 Public Comment
- 11:55 Summary of Tasks, Timelines and Recommendations

KEIS-ICC

Kentucky Early Intervention System Interagency Coordinating Council

March 9, 2006



Structure and Purpose

- KRS 200.658 – ICC membership, duties.
- KAR Title 911 Chapter 2 – KEIS definitions, policies and procedures.
- By-Laws (5-99)
- Mission
- Current appointments

KRS 200.658 – ICC

- ❖ 25 Governor appointed members for specific categories.
- ❖ Advise and assist the cabinet.
- ❖ Annual report by December 30 to include:
 - ❖ Progress
 - ❖ Barriers
 - ❖ Recommendations

ICC By-Laws

- ❖ Name and Authorization
- ❖ Functions
- ❖ Membership
- ❖ Officers and Committees
- ❖ Meetings
- ❖ Procedures

ICC Functions. Advise and Assist

- ❖ Public education on value and need for services.
- ❖ Comment on use of resources.
- ❖ Identification of support, assignment of financial responsibility and interagency agreements.

More ICC Functions:

- ❖ Advise and Assist -
 - ❖ Preparation of applications.
 - ❖ Transition of toddlers.
- ❖ Prepare and Submit –
 - ❖ Annual report to CHFS.

Membership of 25

- ❖ Parents (20%)
- ❖ Providers (20%)
- ❖ Education (1)
- ❖ Insurance (1)
- ❖ Defense (1)
- MH/MR(1)
- Medicaid (1)
- CCSHCN (1)
- DPH (1)
- DSS (1)
- KPS (1)

ICC- Membership

- Three year terms.
- Can serve 2 consecutive terms.
- Members serve until successors are appointed.
- Vacancies require governor appointment to fill.
- ICC shall recommend for consideration through CHFS.

Officers and Committees

- Chair and Vice-Chair selected from membership.
- Executive Committee:
 - Chair and Vice-Chair
 - Committee Chairs and Co-Chairs
 - At least 1 parent
 - MH/MR, DPH and Medicaid

Executive Committee Duties

- Coordinate activities of committees.
- Establish meeting agendas.
- Carry out urgent interim activities.
- Report interim activities at next regular mtg.

Standing Committees

- All ICC members shall serve on a committee.
- Chairs and Co-Chairs may be non-ICC members.
- Ad hoc Nomination Committee
 - KEIS-ICC appointees
 - Appointed by Chair and Co-Chair
 - Recommend appointments to ICC, Committee Chairs and Co-Chairs to ICC.

Meetings

- In accordance with open meeting laws.
- On a regular basis, generally every other month.
- Executive Committee meets on alternate basis with ICC meetings.
- Standing committees meet as needed.

Procedures

- Quorum of 8 members needed to take action.
- Decisions by consensus. Members may request a vote or roll call by Robert's Rules of Order.
- Minutes to be kept for ICC and Standing Committees.

By-Laws Amendments

- 2/3 majority vote of ICC membership.
- Prior written notice of changes to membership 30 days prior to meeting.

Mission Statement

- Maximize potential for infants and toddlers
- Through development and implementation of a comprehensive statewide system.

Mission Statement (cont.)

- Available
- Family-centered
- Coordinated
- Community-based
- Normalized
- Accountable
- Culturally competent
- Individualized
- Accessible

Mission Statement (cont.)

- Quality
- Timely
- Interdisciplinary
- Linked to services outside KEIS

KEIS-ICC Resources

- <http://chfs.ky.gov/dph/firststeps.htm>
 - Overview, fact sheets, links, news, announcements.
- <http://chfs.ky.gov/dph/icc.htm>
 - ICC meeting schedule
 - ICC mission statement
 - Minutes of past ICC meetings

Attachment C

First Steps CSPD

CSPD Component: Personnel Needs/Inservice/Continuing Education

Objective: 1. Develop and implement inservice/continuing education requirements for all First Steps providers.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
1. Review continuing education requirements from professional organizations.	4-05 to 5-05	CSPD, First Steps staff	Professional organizations	Requirements for inservice and continuing education will align with professional organization requirements.
2. Develop annual requirements aligned with early intervention competencies for inservice/continuing education for all early intervention providers.	5-05 to 12-05	CSPD, First Steps staff, ICC	Center for Personnel Preparation (University of CT)	Requirement for inservice and continuing education will be approved by ICC and First Steps staff; regulation amended.
3. Disseminate inservice/continuing education requirements to all contracted early intervention providers, and state professional organizations.	1-06 and ongoing	TAT teams, First Steps staff	First Steps web site	Information disseminated
4. Encourage state and local professional conference/inservice planners to code appropriate presentations to early intervention core standards and competencies.	1-06 and ongoing	First Steps staff, TAT teams	DECD/KDE, parent groups, other state agencies, and professional organizations	There will be several sessions offered at local inservice and state conferences that align with early intervention core standards and competencies.
5. Implement regulation requiring inservice/continuing education.	7-06 and ongoing	First Steps staff, TAT teams	First Steps web site	Documentation of inservice, continuing education requirement met.

Attachment C

First Steps CSPD

CSPD Component: Personnel Needs/Inservice/Continuing Education

Objective: 1. Develop and implement inservice/continuing education requirements for all First Steps providers.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
6. Develop system for early intervention providers to document annual inservice/continuing early intervention education requirements.	1-06 to 7-06	CSPD and First Steps staff	First Steps Data System (see Recruitment and Retention section of CSPD plan)	Early intervention providers will participate in inservice/continuing education trainings that will enhance their ability to work effectively with young children with developmental delays and their families.

Attachment C

First Steps CSPD

CSPD Component: Personnel Needs/Inservice/Continuing Education

Objective: 2. Develop and implement a process for conducting and analyzing an annual needs assessment to determine personnel training needs and for providing inservice activities for First Step families and early intervention providers based on identified needs.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
1. Develop and implement an online survey of early intervention personnel training needs.	7-05 to 12-05	CSPD, First Steps staff	Division for Early Childhood (DEC), Early Childhood Regional Training Centers, First Steps web site	Providers will provide input into training needs annually and data will be analyzed.
2. Early intervention providers develop an annual Professional Growth Plan based on their education/training needs.	1-06 and ongoing	First Steps staff, TAT teams		Early intervention providers will select inservice/continuing education that enhances their skills as providers.
3. Disseminate training needs to TAT teams, state conference planning committees, and professional organizations.	1-06 and ongoing	First Steps staff, DECD/KDE, TAT teams		Training needs disseminated and addressed in conference planning.

Attachment C

First Steps CSPD

CSPD Component: Personnel Needs/Inservice/Continuing Education

Objective: 2. Develop and implement a process for conducting and analyzing an annual needs assessment to determine personnel training needs and for providing inservice activities for First Step families and early intervention providers based on identified needs.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
4. Develop a system of training and technical assistance around needs of providers, families, as well as needs identified by TAT teams and state leaders.	7-06 and ongoing	CSPD, First Steps staff, TAT teams, ICC	DEC/KDE/KAECE	Resources, materials, trainings and technical assistance will be provided to enhance quality of First Steps services.
5. Information about early intervention inservice and conference information placed online so information is available to families and providers.	7-06 and ongoing	First Steps staff, TAT teams	First Steps web site	Trainings and conference information available to providers and families.
6. Resources and training modules posted online.	7-06 and ongoing	First Steps staff	First Steps web site, funding for training	Providers can access information and resources.
7. TAT teams provide education and trainings based on local and state needs.	7-06 and ongoing	TAT teams, First Steps staff	Funding for training	Trainings and education will be delivered based on needs of families and providers.
8. Training needs shared with university programs for inclusion into inservice/continuing education and graduate coursework.	7-06 and ongoing	CSPD, DEC/KDE, First Steps staff		Information disseminated to university faculty.

Attachment C

First Steps CSPD

CSPD Component: Personnel Needs/Inservice/Continuing Education

Objective: 3. Develop and implement an evaluation plan for inservice/technical assistance early intervention activities.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
1. Develop an evaluation method for First Steps sponsored inservice and technical assistance activities.	7-06 and ongoing	CSPD, First Steps staff. TAT teams	TIPP, DECD/KDE	First Steps technical assistance, inservice and continuing education activities will be evaluated to determine if activities have enhanced skills of those participating.

**First Steps' Comprehensive System of Personnel Development (CSPD)
Introduction**

Ensuring that early intervention personnel have the unique knowledge and skills necessary to work with infants and toddlers with developmental delays and their families will be the foundation of Kentucky's Early Intervention System (KEIS), First Steps', Comprehensive System of Personnel Development (CSPD). The CSPD in Kentucky is conceptualized as a mechanism for ensuring that preservice education, inservice education, technical assistance, mentoring and continuing education activities are coordinated and connected across disciplines and university and college programs.

The CSPD will comprise a system of activities that support a vision whereby knowledgeable and well qualified early intervention personnel provide high quality family-centered services and supports to infants and toddlers with developmental delays and their families.

Vision for CSPD in Kentucky:

With families as equal partners, all infants and toddlers with developmental delays and their families will have their diverse and individualized needs met through collaborative, family-centered services in natural environments.

Mission for CSPD:

Kentucky's Early Intervention System (First Steps), through its Comprehensive System of Personnel Development (CSPD), will ensure that qualified professionals advocate for and use evidence-based recommended practices to provide high quality, coordinated family-centered/family-driven services to infants and toddlers with developmental delays and their families in natural environments.

Guiding Principles for CSPD:

Early Intervention Service Delivery

1. Family members and early intervention professionals work in collaborative partnerships in which there is mutual respect, cooperation, shared responsibility, and negotiation of conflicts toward achievement of shared goals.
2. Early intervention services are family-centered; the term family-centered includes the concept of meeting the needs of the child and family through a family-guided process in which the family has the decision-making role for the child.
3. Providers share knowledge and support families in ways that promote the families' decision-making capabilities and their competence in promoting and advocating for the development of their children.

4. Providers respect parents' strengths, priorities, preferences, concerns, methods of coping and adjustment, and diversity, without abdicating professional responsibility to infants and toddlers.
5. An interdisciplinary team consists of the various disciplines that are appropriate to address the specific, individual needs of the child and family.
6. The early intervention team uses a collaborative model of service delivery, including exploring and using all available resources in the community before accessing services through First Steps.
7. Early intervention services and activities take place during regular routines in the child's and family's natural environments, including community environments, unless there is adequate reason why this is not possible.
8. Parents and caregivers are viewed as the child's first and primary teachers. The focus of early intervention is to support and coach parents and caregivers to promote the development of the child.
9. Family members are encouraged and supported to participate as equal team members in all aspects of assessment, program and transition planning, service delivery, system planning, and evaluation.
10. Child and family rights, including confidentiality and family choice, are safeguarded.
11. Adequate time and opportunities are allotted for providers to work collaboratively with colleagues and families.
12. Early intervention personnel adhere to the philosophy of lifelong learning and use current evidence-based recommended practices in their field of expertise.
13. Early intervention personnel adhere to the code of ethics for their respective disciplines.

Preservice and Inservice Training

1. Administrators and supervisors have appropriate training in the field of early intervention, as well as in management and supervision skills.
2. Administrators encourage and support providers to increase their knowledge and skills in the field of early intervention.
3. Adequate funding and appropriate opportunities are available for professional development.
4. Providers foster their own professional development based on a self-assessment process and a plan for growth.
5. Early intervention curriculum is coordinated across institutions of higher education.
6. Inservice training is coordinated across agencies.
7. Preservice training, inservice training, and technical assistance are conducted by qualified individuals, including family members.
8. Training activities are offered based on needs assessment of providers, families, and administrators.
9. Efforts are made to attract an interdisciplinary audience, including family members, providers, and administrators.
10. Family members are encouraged and supported to participate in all aspects of preservice and inservice training, including leadership roles.

11. Teaching, training and consultation activities are based on adult learning theory.
12. CEUs and/or clock hours are offered for inservice training.
13. Coursework and training are accessible.
14. Training is evaluated for both quality and impact.

Recruitment and Retention

1. Diversity in personnel is valued and sought out.
2. A career lattice promotes professional growth and advancement in the system.

CSPD Objectives:

Kentucky's CSPD for First Steps includes objectives that address the components required by the Individuals' with Disabilities Education Act (IDEA) for a CSPD. These eight components are: recruitment and retention, data on personnel and professional development, professional standards and certification, alternative training models, adequate supply, personnel preparation and continuing education, system of identifying personnel needs, and dissemination of promising practices. The objectives that follow address each of these eight components. Because of the inter-relatedness of some CSPD components, some objectives are grouped together under more than one component (e.g., recruitment retention/adequate supply and demand). The required component, dissemination of promising materials and practices, does not have separate objectives as all personnel related activities would address promising materials and practices. The draft objectives are listed below. The CSPD committee is in the process of finalizing these objectives and developing an action plan for their implementation. For each objective, the action plan will include specific tasks/activities, timelines for achieving the tasks/activities, person(s) responsible for implementation, resources available and needed, and targeted outcomes.

Professional Standards and Certification:

1. Develop and implement a system for credentialing all First Steps' providers based on early intervention standards/competencies.
2. Develop the timeline and supports needed to require all developmental interventionists to be Interdisciplinary Early Childhood Education certified.
3. Develop a Memorandum of Understanding with the Kentucky Department of Education (KDE) and Education Professional Standard Board (EPSB) to allow developmental interventionists to complete the Kentucky Teacher Internship Program and become fully Interdisciplinary Early Childhood Education (IECE) certified.
4. In collaboration with the Evaluation Committee, review and make recommendations regarding the qualifications for Primary Level Evaluators.

Personnel Needs/Inservice/Continuing Education:

1. Develop and implement inservice/continuing education requirements for all First Steps' providers.

2. Develop and implement a process for conducting and analyzing an annual needs assessment to determine personnel training needs and for providing inservice activities for First Steps' families and early intervention providers based on needs.
3. Develop and implement an evaluation plan for inservice/technical assistance early intervention activities.

Preservice:

1. Inform preservice program faculty across disciplines regarding established standards/competencies for early intervention personnel and encourage incorporation into existing higher education curricula through provision of technical assistance.
2. Provide technical assistance to preservice programs specific to involving family members in designing, implementing and evaluating early intervention curricula.
3. Develop and distribute materials about the early intervention traineeship scholarship funds.
4. Develop and implement strategies to increase communication between preservice faculty across disciplines.

Recruitment and Retention/Supply and Demand:

1. Develop and maintain a data system of information regarding personnel qualifications, inservice/continuing education participation, supply, and demand.
2. Develop and implement strategies for recruiting prospective high school students to early intervention programs and recruiting preservice students and program graduates for First Steps' positions.
3. Develop and implement a recruitment and retention plan for personnel shortage areas with attention to cultural and linguistic diversity.

References:

Infant-Toddler Program of North Carolina. (2003, April). *Comprehensive system of personnel development (CSPD)*, pg. 3. Raleigh, NC: Division of Public Health.

National Association for the Education of Young Children (1997). NAEYC Position Statement: Developmentally appropriate practice in early childhood programs serving children from birth through age 8. In S. Bredecamp & C. Copple (Eds.), *Developmentally Appropriate Practice in Early Childhood Programs* (rev.), pg. 3-30. Washington, DC: Author.

State of Mississippi. *CSPD*, pg. 13.

First Steps' CSPD**CSPD Component: Pre-service**

Objective 1: Inform pre-service program faculty across disciplines regarding established standards/competencies for early intervention personnel and encourage incorporation into existing higher education curricula through provision of technical assistance.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
1. Request from each higher education institution faculty contact person a listing of all faculty across disciplines who are involved in educating early interventionists.	4-07 to 6-07	DECD/KDE and First Steps staff	IECE Faculty contacts	Identification of all involved disciplines and faculty.
2. Inform all identified faculty about the EI credential/content through mailing (hard copy and electronic), through the quarterly higher education consortium meeting.	7-07 and ongoing	First Steps staff	First Steps staff, CSPD representatives. Higher Education Consortium	Knowledge of EI credential standards/competencies.
3. Each institution will develop and present individual strategies at the higher education consortium meeting that fit their institution for curriculum change/revisions and implementation.	9-07 to 5-08	First Steps staff and CSPD faculty representatives	First Steps staff and CSPD representatives, Higher Education Consortium	Curriculum revised to include early intervention content.

First Steps' CSPD**CSPD Component: Pre-service**

Objective 2: Provide technical assistance to pre-service programs specific to involving family members in designing, implementing and evaluating early intervention curricula.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
1. Develop a directory of parent resource groups for potential assistance in curriculum development, implementation, and evaluation.	7-05 to 12-05	First Steps staff , TAT teams , faculty	TAT parent consultants	Directory of parent resource groups and availability
2. Develop RFP and solicit mini-grants from Institutes of Higher Education to support involvement of family members in design, implementation, and evaluation of EI curricula	1-06 to 6-07	First Steps staff	Previous SCRIPT RFP for mini grants	RFP developed and proposals funded.
3. Implement mini-grants. .	8-07 and ongoing	Contractee, First Steps' staff	Funding for mini-grants	Documented involvement of families in IHE programs.

First Steps' CSPD**CSPD Component: Pre-service****Objective 3: Develop and distribute materials about the early intervention traineeship scholarship funds.**

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
1. Create a brochure/packet about traineeship funds.	5-05 to 7-0	First Steps' staff; EC development office	KDE (Dr. Annie Rooney French)	Brochure/packet available
2. Disseminate information regarding application process.	8-05 and ongoing	First Steps staff	NKU	Early Intervention students access traineeship funds

First Steps' CSPD**CSPD Component: Pre-service**

Objective 4: Develop and implement strategies to increase communication between pre-service faculty across disciplines.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
1. Identify effective communication mechanisms/strategies existing within and across institutions and from existing literature.		KDE, Faculty, CSPD committee	Literature on effective communication strategies	List of effective communication strategies
2. Share effective communication strategies.		KDE, Faculty, CSPD committee	Quarterly higher education faculty meetings	Improved quality of pre-service preparation
3. Provide opportunities for training.		CSPD committee	Infant-Toddler Institute Planning Committee	Better communication and collaboration

First Steps' CSPD**CSPD Component: Professional Standards and Certification****Objective 1: Develop and implement a system for credentialing all First Steps' providers based on early intervention (EI) standards/competencies.**

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
1. Formulate criteria for RFP and develop.	7-05 to 12-05	CSPD committee reps, ICC, FS staff	NEC*TAC Center for Personnel Prep in EI/ECSE (U. of CT) DEC Professional Standards	Criteria for RFP is recommended to ICC and then to FS administration. RFP is awarded.
2. Release RFP, accept and review proposals.	1-06 to 6-06	CSPD committee reps, ICC, FS staff		Contract awarded.
3. Review credentialing systems, including EI core standards or competencies, used by other states		Contractee, CSPD Committee, ICC, First Steps' staff	Funding for contract	Data collected from other states.
4. Develop EI core standards, competencies for First Steps providers		Contractee, CSPD Committee, ICC, First Steps' staff		EI standards, competencies approved by ICC and First Steps' staff
5. Develop validation process and validate the standards, competencies		Contractee, CSPD Committee, ICC, First Steps' staff		EI standards, competencies validated
6. Design the credentialing system for First Ste		Contractee, CSPD Committee, ICC, First Steps' staff		Design approved by ICC and First Steps' staff
7. Develop and disseminate information about the credentialing system		Contractee, CSPD Committee, ICC, First Steps' staff		Information disseminated
8. Implement the credentialing system.	7-07 and ongoing	Contractee, First Steps' staff		First Steps' staff are more adequately prepared in EI.

Attachment C

CSPD Component: Professional Standards and Certification

Objective 2: Develop the timeline and supports needed to require all developmental interventionists to be Interdisciplinary Early Childhood Education (IECE) certified.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
1. Identify date by which all developmental interventionists must be IECE certified and develop regulations.	1-05 to 6-05	CSPD Committee, ICC	First Steps staff, LRC	Regulation for “Drop-dead” date approved.
2. Disseminate information to developmental interventionists, Universities, etc.	3-05 and ongoing	CSPD Committee, ICC, First Steps’ staff, KDE staff	First Steps’ website and conference; KDE certification brochure, TAT teams	Information disseminated

Attachment C

CSPD Component: Professional Standards and Practice

Objective 3: Develop a Memorandum of Understanding (MOU) with the Kentucky Department of Education (KDE) and Education Professional Standards Board (EPSB) to allow developmental interventionists (DI's) to complete the Kentucky Teacher Internship Program (KTIP) and become fully Interdisciplinary Early Childhood Education (IECE) certified.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
1. Develop MOU and present to EPSB for approval.	6-05 to 12-05	KDE, CSPD Committee, ICC, First Steps' staff	KDE attorney, EPSB staff, EC Development Office, First Steps' Staff	MOU approved
2. Disseminate information about KTIP placements for developmental interventionists.	1-06 and ongoing	EPSB, First Steps' staff	EPSB and First Steps' websites; Early childhood conferences	Information disseminated
3. Incorporate information in KTIP training specific to developmental interventionist placements.	1-06 to 6-06	EPSB, First Steps staff, KDE	EPSB KTIP on-line training; Early Childhood Regional Training Centers, First Steps' staff, TAT teams	Data about number of individuals participating in training
4.				
5. Implement KTIP for eligible DIs.	7-06 and ongoing	EPSB, First Steps' Staff, EC Development Office	Funding for First Steps' KTIP	Developmental interventionists completing KTIP training and becoming IECE certified.

First Steps' CSPD

CSPD Component: Recruitment and Retention/Supply and Demand

Objective 1: Develop and maintain a data system of information regarding personnel qualifications, inservice/continuing education participation, supply, and demand.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
<ul style="list-style-type: none"> • Convene a work group to outline the components/requirements of a data system and funding sources. • Issue a Request for Proposal (RFP) to the field for development and maintenance of a data system. • Contract with qualified agency for data system. • Use information collected to make policy decisions regarding personnel qualifications, inservice training, and recruitment efforts. • Use data to ensure continuing education requirements have been met prior to renewal of provider contract. 	<p>1-06 to 6-07</p> <p>7-07 to 12-07</p> <p>1-08 and ongoing</p> <p>7-08 and ongoing</p> <p>7-08 and ongoing</p>	<ul style="list-style-type: none"> • Work group, First Steps office, ICC reps • CHFS, Dept. of Public Health • CHFS • CSPD work group, First Steps office, ICC • First Steps office 	<ul style="list-style-type: none"> • NECTAC, Center for Personnel Preparation (U. of CT) • Funding for system 	<ul style="list-style-type: none"> • RFP is prepared to disseminate. • RFPs are received that meet requirements. • Reports are generated in a timely manner. • An adequate supply of qualified and well-trained personnel are available in all part of the state. • First Steps personnel are more adequately trained in early intervention.

First Steps' CSPD

CSPD Component: Recruitment and Retention/Supply and Demand

Objective 2: Develop and implement strategies for recruiting prospective high school students to EI programs and recruiting preservice students and program graduates for First Steps positions.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
<ul style="list-style-type: none"> Develop a packet of materials and display board materials that promote job opportunities and benefits of working in EI for dissemination to early childhood and related programs/disciplines in KCTCS, colleges and universities. 	6-05 to 12-05	<ul style="list-style-type: none"> CSPD work group, IECE faculty, TATs, FS staff 	<ul style="list-style-type: none"> PR and marketing resource personnel. Funding for printing of materials. Contacts with department chairs of IHEs 	<ul style="list-style-type: none"> Materials printed and disseminated Adequate number of qualified personnel in all disciplines in the EI system.
<ul style="list-style-type: none"> Use materials and display board to disseminate information about First Steps job opportunities to related professional associations (links from professional assoc. websites to FS web site; booths at conferences, etc.). 	1-06 ongoing	<ul style="list-style-type: none"> CSPD work group, FS staff, FS web master 	<ul style="list-style-type: none"> Professional association contacts 	<ul style="list-style-type: none"> Same as above Materials disseminated.
<ul style="list-style-type: none"> Attend career days and speak to agencies and high school students in local communities. Disseminate materials to high school counselors, KDE website, First Steps, higher education institutions – target admissions office, advising office, 	1-06 and ongoing	<ul style="list-style-type: none"> TATs 	<ul style="list-style-type: none"> Debra Tankersly, Career and Technical Education Office, KDE; Dr. Roger Cleveland, Education Equity Office (minorities), KDE 	<ul style="list-style-type: none"> More under-graduate students enrolled in EC/ pediatric programs at IHEs.

Attachment C
11-05-04

<p>faculty advisors, IECE faculty, state professional organizations (e.g., KY DEC and KAECE) and respective affiliates.</p> <ul style="list-style-type: none"> • Develop an appealing brochure and a directory and disseminate to prospective students of higher education programs that prepare individuals to work with infants/toddlers with developmental delay and families. Post to FS web site. 	6-05 to 12-05	<ul style="list-style-type: none"> • FS staff, FS webmaster 	<ul style="list-style-type: none"> • PR and marketing resource personnel; Professional Associations; DECD/KDE; IHEs • Funding for printing 	<ul style="list-style-type: none"> • Directory and brochure printed and disseminated • More undergraduate students, including more minority students, enrolled in EC/pediatric programs at IHEs
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First Steps' CSPD

CSPD Component: Recruitment and Retention/Supply and Demand

Objective 3: Develop and implement a recruitment and retention plan for personnel shortage areas with attention to cultural and linguistic diversity.

Activities/Tasks	Timelines	Person(s) Responsible	Resources	Outcomes/Evaluation
<ul style="list-style-type: none"> • Link with scholarship initiatives for minority and linguistically diverse students across disciplines. Distribute information about EI programs and job opportunities. 	5-05 and ongoing	<ul style="list-style-type: none"> • FS staff 	<ul style="list-style-type: none"> • Contacts with Minority and Financial offices in IHEs; KHEAA 	<ul style="list-style-type: none"> • More adequate representation of minorities and diversity in EI personnel system.
<ul style="list-style-type: none"> • Develop and implement tuition “forgiveness” program for qualified graduates who provide EI services in rural or inner city areas. 	1-07 to 12-07	<ul style="list-style-type: none"> • CSPD work group, FS staff 	<ul style="list-style-type: none"> • Funding for tuition; KHEAA • Funding for printing 	<ul style="list-style-type: none"> • Adequate personnel to provide services in these areas.
<ul style="list-style-type: none"> • Prepare and disseminate information to IHE faculty. 	1-08 and ongoing	<ul style="list-style-type: none"> ▪ FS staff 	<ul style="list-style-type: none"> • IHE faculty contacts 	<ul style="list-style-type: none"> • Promotion of scholarships and “forgiveness” programs to students
Collaborate with existing IECE registry (Simpson Co.) to include preference for First Steps and/or preschool positions.	7-05 to 12-05	<ul style="list-style-type: none"> ▪ DEC/KDE 		<ul style="list-style-type: none"> • Availability of IECE graduates in areas of need.

Eastern Kentucky University TA Team ICC Report March 9

Program Consultant - Robert

The EKU Technical Assistance team is one of only two university teams that services three districts: Cumberland Valley, Kentucky River, and Lake Cumberland. These three districts total 26 counties (the most of any TA team) covering from the Virginia border to Green County and from Tennessee border almost to Berea. Our counties are rural, mountainous, and many of the communities are remote. All but two of our counties are listed by the Appalachian Regional Commission as economically disadvantaged. The poverty and isolation, along with a growing crisis of illegal drug use, make it difficult place to provide early intervention services.

As the program consultant I am charge with the following: Recruit, enroll, train and provide technical assistance to First Steps providers. The most difficult of these tasks is in the area of recruitment.

Recruit - Provider shortage, in every discipline, is a chronic problem in all the counties we cover. There is little to no incentive to provide services in theses counties. Stark poverty, sometimes less the adequate public school systems, and the lack of modern conveniences, conspire to keep many providers from locating in our communities. The ones who are already here are swamped with their own clients.

Cumberland Valley DEIC has formed a “Provider Find” subcommittee which will serve much like the Child Find subcommittee only its mission will be to locate and recruit potential providers. We would like to see the ICC create a similar Provider Find Subcommittee. This standing committee would help bring public awareness of the need, coordinate efforts at the state level to recruit providers, and make further recommendations to the ICC in regards to this issue.

Enroll – Of the entire process, this is easiest aspect of the job. Our only recommendation would be to open enrollment to district wide approval instead of the county to county system we now have in place. This would no only save on additional paperwork but we believe the market forces will create more opportunity to find a provider for certain cases when needed. Providers are more apt to go to a county to provide service for a certain area or for a certain case if they did not have to be bound to serve all the county and all cases presented them.

Train – We see great improvements in this area. We do think, however, that presenting more training opportunities within each district may encourage more provider enrollment.

Technical Assistance – Our only area of concern regarding this aspect of the job is the growing concern for unethical and unprofessional providers with no formal plan of action for addressing specific concerns.

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Parent Consultant – Rebecca Steely

First Steps Parent Consultants have recently been working on the developing, planning and carrying out of our new state wide, Family Orientation. This was designed to help families be more familiar with First Steps, to help our families understand more about the consultative model and what important role they play as part of the First Steps IFSP team and in the development of their child. We also hope to empower families with this effort. We have created a packet of helpful First Steps information for the families and a short power point presentation. It is still in the early stages and we are still improving the process. We began the orientations in January, 2006. They are being conducted one each month, within each Parent Consultant's region or districts. We are moving in a circular pattern to thoroughly cover the areas and will start over once the circle has been completed. I recently completed a Family Orientation in Harlan County. Several families attended. The families were successful in engaging each other with support and information. Although this area is one of the highest in need of providers, the feedback for First Steps services was positive. We are excited and looking forward to our upcoming Family Orientations and the positive impact we hope to make on our families.

Program Evaluator – Penny Williamson

Issues that have been discussed by all TA Team Evaluators:

- Need for a formal complaint process
- Evaluator's are still not seeing the Primary Service Provider being implemented, but it is not a mandate anyway, only a recommended practice.
- Evaluator's are still not seeing measurable outcomes.

Issues that are regionally specific:

- Ethical complaints in our districts have slowed down considerably, but there is still a need for a state adopted Ethical Code of Conduct for First Steps Providers. There is currently a committee working on this, chaired by ECU Program Consultant Robert Day.
- Timelines are hard to meet because of the geography of the rural areas in our districts. Families sometimes fail to see the responsibility they have to providers and POE who travel an hour or more to make a visit and the family is not home. Families don't call to cancel or reschedule because a lot of the poor in these counties don't have phones, so the dynamics of this whole situation make it hard to meet the 45 day timelines. These reasons also contribute to why it appears that we "underserve" some of these children, as reported in the Kentucky State Performance Plan.
- Provider shortage is also a major problem in our areas. A lot of ECU students are graduating with a Bachelor's Degree in Child and Family Studies, and this degree is currently not recognized as a Personnel Requirement for any First Steps

Attachment D

- Service. This should be looked at more closely, as this degree is highly related to possible quality potential First Steps Providers.
- The two years of experience required by regulation for providers also needs to be examined more closely. We are accepting the experience of people who have worked in a child care facility for two years, but not accepting the experience of people who have cared for children in their own homes for two years. This is excluding possible quality potential First Steps Providers as well, more particularly an extremely qualified candidate for the Lake Cumberland District Point of Entry position that was just filled by a less qualified applicant due to the “two years experience” requirement.

Attachment E

Part C Coordinator Report March 2006

General Update

Dr. Ruth Shepherd, the new Division Director of Adult and Child Health Improvement; Joyce Robl, Branch Manager; and myself, the new Part C Coordinator have been conducting provider forums across the state. The focus of these forums is to provide providers an opportunity to give feedback on the First Steps program. Providers have responded positively to the forums and have offered constructive recommendations. We are in the process of compiling that information and we plan to place it on our website as well as distribute it through the technical assistance teams.

Due to the concern over Kentucky's 45 day timeline, Sarah Walker and I have been working with the National Early Childhood Technical Assistance Center (NECTAC), Mid-South Regional Resource Center (MRRC), and the National Center for Special Education Accountability Monitoring (NCSEAM) on ways to streamline this process. We will be having a stakeholder meeting on May 2-3, 2006 and we would like to invite an ICC member to take part in this important meeting.

Financial Update

First Steps is currently operating within/under budget.

Staff Update

Central Office is in the process of advertising/posting the vacant Training Coordinator and Quality Assurance Administrator positions.

WEISSKOPF CHILD EVALUATION CENTER, UNIVERSITY OF LOUISVILLE
Summary of Record Reviews
FY 2005 – 2006
July 1, 2005 – February 24, 2006

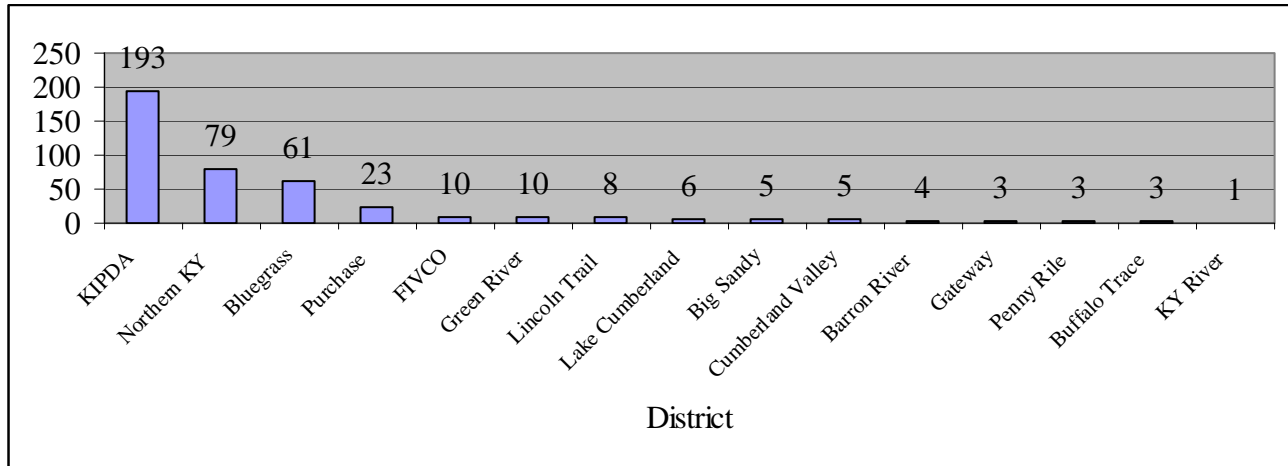
Review Type	N	Determinations	Criteria
Eligibility	63	56 - Eligible 2 - Denied 5 - Deferred pending additional testing	<ul style="list-style-type: none"> Request PLE Report
Intensive Authorization	65	48 - Approved for autism diagnosis and related program planning	<ul style="list-style-type: none"> Review of Request Form Review of all submitted records Description of child's social-communication MCHAT conducted with parents and providers
		9 - Approved for Childhood Apraxia of Speech (CAS)/Dyspraxia diagnosis and related programming	<ul style="list-style-type: none"> Review of Request Form Review of all submitted records Review of phone contact questions Receptive language vs. expressive language findings in relation to measured cognitive skills Description of speech sound production Description of oral mechanism and oral-motor status Description of feeding status
		5 - Approved for other – (e.g., Regulatory/Anxiety Disorders; motor/CP)	<ul style="list-style-type: none"> Review of Request Form Review of all submitted records Review of phone contact questions Clinical judgment, DSM-IV criteria
		3 - Denied -Diagnosis established (2) -Appropriate plan	<ul style="list-style-type: none">
Service Exception	286	283 - Service Exception Approved Units Approved per Plan: Range: 12 – 528 Mean: 220.42 Unit Frequencies: - 0 – 144: 17 -145 – 164: 11 -165 – 184: 40 -185 – 204: 59 -205 – 224: 37 -225 – 244: 48 -245 – 264: 25 -265 – 284: 4 -285 – 304: 28 - > 305: 15	<ul style="list-style-type: none"> Review of Request Form and letters Review of all submitted records <ul style="list-style-type: none"> Current developmental presentation/status Rate of documented progress Current and proposed interventions Request merit Review of phone contact questions Available practice standards or guidelines (Autism, CAS) Movement from service to support model
		3 – Denied service exception/units	
Total	414		

Notes:

- 26.8% (n = 111) of the 414 requests have had previous reviews (majority for service exception)
- Data reflects an increase of 85.65% over the same period FY 2004-2005 (N = 223)
- Data does not reflect an additional 289 Primary Service Coordination Unit reviews also completed in this reporting period

- Projected FY 2005-2006 Total: 634 Record Reviews
 - FY 2004-2005: 7.27/week average
 - FY 2005-2006: 12.18/week average
 - 67.73% increase

Referrals by District:



Timeline Indicators:

Average days from complete file to review: 4.85 days

Average days from review to reports being mailed to IFSP Team: 4.67 days

Average total days from complete file to final notification mailed to IFSP Team: 9.75

**Public Comment
ICC Meeting
3-8-06**

Subject: appropriate/approved tests to be used for discipline initial assessments, six- month progress reports and determining the developmental status of children in First Steps

Concerns:

1. Regulations and policies do not define which tests are acceptable.
 - Other states provide a listing of approved tests.
 - There is confusion in the field regarding what tests should/should not be used
2. Need definitions of standardized, norm referenced, criterion referenced, and curriculum based.
 - It appears that there may be confusion in the field regarding types of tests and which are most appropriate for determining eligibility and which are most appropriate for program planning.
 - Therefore eligibility criteria may not be applied consistently from provider to provider across the state.
3. The addendum to the policy and procedure manual relating to 911KAR 2:120 –evaluation and eligibility- states that the use of standardized test instruments is recommended and a justification must be given if one is not used. The calculation of the developmental status is based on standard deviations below the mean which are not available from criterion referenced measures, observation, parental judgment or parental report. This addendum further states that continuing program eligibility is determined at each IFSP review using the developmental status scale.
 - Does this mean that a standardized test should be used to determine eligibility and developmental status and that a criterion referenced test should also be used to assist with program planning?
 - What constitutes an appropriate justification for not using a standardized test?
 - Would providers and children benefit from some guidance on when standardized measures would not be appropriate?
4. It appears that outcome and eligibility data will be difficult to aggregate due to the variance in methods used to determine developmental status and eligibility.